

**APPLICATION****ENCROACHMENT**ENC# 2011-0003

**PROPERTY LOCATION:** 608 Montgomery street; Alexandria, VA 22314  
**TAX MAP REFERENCE:** 054.04-03-04 **ZONE:** CDX.

**APPLICANT**

Name:

T.J. Stone's

Address:

608 Montgomery street; Alexandria, VA 22314**PROPERTY OWNER**

Name:

Italian Villa, Inc.

Address:

1202 Russell Rd. Alexandria, VA 22301.**PROPOSED USE:**Restaurant w/ outdoor dining.

**INSURANCE CARRIER** (copy attached) Hartford **POLICY #** 8125684

A certificate of general liability insurance in the amount of \$1,000,000 which will indemnify the owner and names the city as an additional insured must be attached to this application.

☒ **THE UNDERSIGNED** hereby applies for an Encroachment Ordinance in accordance with the provisions of Section 8-1-16 and Sections 3-2-82 and 85 of the Code of the City of Alexandria, Virginia.

☐ **THE UNDERSIGNED** hereby applies for an Administrative Use Permit in accordance with the provisions of Article VI, Section 6-600 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby grants permission to the City of Alexandria to post placard notice on the property for which this application is requested, pursuant to Article XI, Section 11-301 (B) of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

☒ **THE UNDERSIGNED** also attests that all of the information herein provided and specifically including all surveys, drawings, etc., required of the applicant are true, correct and accurate to the best of their knowledge and belief.

T.J. Stone's  
Print Name of Applicant or Agent  
608 Montgomery street  
Mailing/Street Address  
Alexandria VA 22314  
City and State Zip Code

[Signature]  
Signature  
703-864-9007/  
Telephone # Fax #  
mcgrees29@aol.com  
Email address  
6/24/11  
Date

Application Received: \_\_\_\_\_

Date and Fee Paid: \$ \_\_\_\_\_

ACTION - PLANNING COMMISSION: \_\_\_\_\_ ACTION - CITY COUNCIL: \_\_\_\_\_

## OWNERSHIP AND DISCLOSURE STATEMENT

Use additional sheets if necessary

1. Applicant. State the name, address and percent of ownership of any person or entity owning an interest in the applicant, unless the entity is a corporation or partnership, in which case identify each owner of more than ten percent. The term ownership interest shall include any legal or equitable interest held at the time of the application in the real property which is the subject of the application.

Name	Address	Percent of Ownership
1. Stephen Mann	608 Montgomeryst Alexandria, VA 22314	100%
2.		
3.		

2. Property. State the name, address and percent of ownership of any person or entity owning an interest in the property located at \_\_\_\_\_ (address), unless the entity is a corporation or partnership, in which case identify each owner of more than ten percent. The term ownership interest shall include any legal or equitable interest held at the time of the application in the real property which is the subject of the application.


Name	Address	Percent of Ownership
1. Hellen Burns	1202 Russel Rd	50%
2. Marcus		
3.		

3. Business or Financial Relationships. Each person or entity listed above (1 and 2), with an ownership interest in the applicant or in the subject property is required to disclose **any** business or financial relationship, as defined by Section 11-350 of the Zoning Ordinance, existing at the time of this application, or within the 12-month period prior to the submission of this application with any member of the Alexandria City Council, Planning Commission, Board of Zoning Appeals or either Boards of Architectural Review.

Name of person or entity	Relationship as defined by Section 11-350 of the Zoning Ordinance	Member of the Approving Body (i.e. City Council, Planning Commission, etc.)
1. N/A		
2. N/A		
3. Stephen Mann	None	None

NOTE: Business or financial relationships of the type described in Sec. 11-350 that arise after the filing of this application and before each public hearing must be disclosed prior to the public hearings.

As the applicant or the applicant's authorized agent, I hereby attest to the best of my ability that the information provided above is true and correct.

6/24/11      Stephen S Mann        
Date      Printed Name      Signature

**Alexandria City Council**

William Euille, Mayor  
Kerry Donelly, Vice Mayor  
Frank Fannon IV  
Alicia Hughes  
Rob Krupicka  
Redella "Del" Pepper  
Paul Smedberg

**Planning Commission**

John Komoroske, Chair  
H. Steward Dunn, Vice Chair  
Donna Fossum  
J. Lawrence Robinson  
Mary Lyman  
Jesse Jennings  
Eric Wagner

**Board of Zoning Appeals**

Harold Curry, Chair  
Mark Allen, Vice Chair  
Geoffrey Goodale  
David Lantzy  
Jennifer Lewis  
Eric Zander  
John Keegan

**Board of Architectural Review  
Old and Historic District**

Thomas Hulfish, Chair  
Oscar Fitzgerald  
Arthur Keleher  
Wayne Neale  
Peter Smeallie  
James Spencer  
John Von Senden

**Board of Architectural Review  
Parker-Gray District**

Christina Kelley, Chair  
William Conkey  
H. Richard Lloyd, III  
Thomas Marlow  
Douglas Meick  
Philip Moffat  
Deborah Rankin

**Definition of business and financial relationship.**

Section 11-305 of the Zoning Ordinance defines a business or financial relationship as any of the following:

- (1) a direct one;
- (2) by way of an ownership entity in which the member or a member of his immediate household is a partner, employee, agent or attorney;
- (3) through a partner of the member or a member of his immediate household;
- (4) through a corporation in which any of them is an officer, director, employee, agent or attorney or holds 10 percent or more of the outstanding bonds or shares of stock of a particular class. In the case of a condominium, this threshold shall apply only if the applicant is the title owner, contract purchaser, or lessee of 10% or more of the units in the condominium;
- (5) not as an ordinary customer or depositor relationship with a professional or other service provider, retail establishment, public utility or bank, which relationship shall not be considered a business or financial relationship;
- (6) created by the receipt by the member, or by a person, firm, corporation or committee on behalf of the member, of any gift or donation having a value of more than \$100, singularly or in the aggregate, during the 12-month period prior to the hearing on the application from the applicant.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/8/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sheehan Insurance Group 14945 Washington Street PO Box 764 Haymarket VA 20168	CONTACT NAME: Jennifer Layne PHONE (A/C, No. Ext): (703) 753-5488 FAX (A/C, No): (703) 753-4878 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 00009227
INSURED TJ Stones Inc 5239 Duke Street Alexandria VA 22302	INSURER(S) AFFORDING COVERAGE INSURER A: Harford Mutual Insurance Cos INSURER B: Accident Fund Ins Co of Amer INSURER C: INSURER D: INSURER E: INSURER F:

## COVERAGES

CERTIFICATE NUMBER: CL117805446

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		8125684	4/16/2011	4/16/2012	MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	WCV6071143-0	12/29/2010	12/29/2011	E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Alexandria is named as Additional Insured on the above captioned General Liability policy as respects encroachment agreement, 606-608 Montgomery St, Alexandria, VA

## CERTIFICATE HOLDER

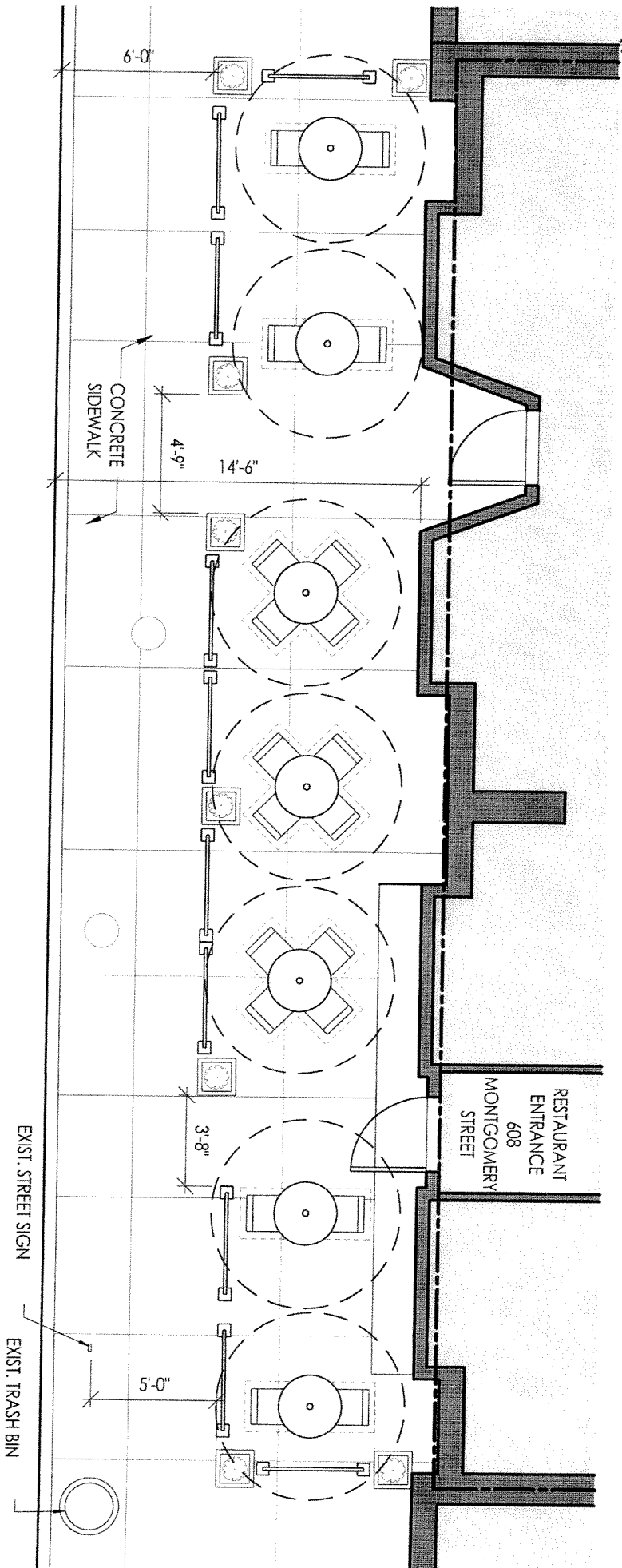
City of Alexandria  
301 King St  
Alexandria, VA 22314

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Maigrie A. Leach

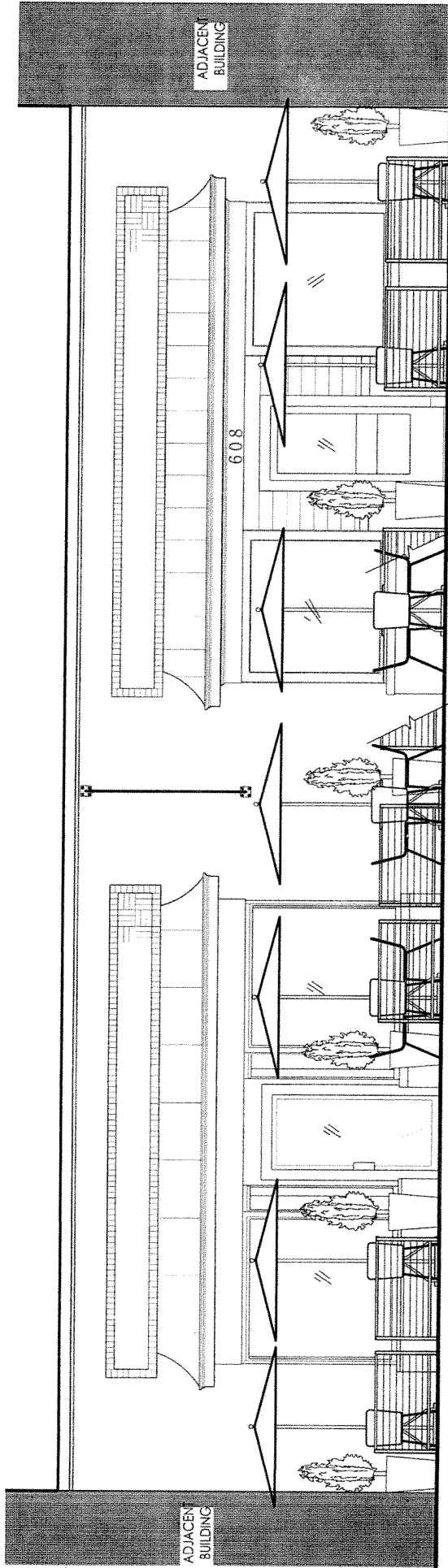


1

# T.J. STONES CAFE PLAN

3/16" = 1'-0"

(MCA-ARCH/PLAN-J)



## 2 CAFE ELEVATION

3/16" = 1'-0"

(1103/PLAN-J)